



234 East Seventh Avenue  
Tallahassee, Florida 32303  
(850) 891-4200

### **PATIENT INFORMATION REQUEST FORM**

This request conforms with HIPAA Privacy Standards and Florida Statutes

**Patient Information** (if known):

Full name: \_\_\_\_\_  
(LAST) (FIRST) (M.I.)

Address: \_\_\_\_\_  
(STREET) (APT.)

\_\_\_\_\_ (CITY) (STATE) (ZIP CODE)

Driver License: \_\_\_\_\_  
(NUMBER) (ISSUED) (EXPIRES)

Date of Birth: \_\_\_\_\_  
(DD/MM/YYYY)

**Police Officer Information:**

Name: \_\_\_\_\_ Division: \_\_\_\_\_

I.D. #: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ WILL BE CALLING YOUR FACILITY FOR THE FOLLOWING INFORMATION:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

A covered entity may disclose protected health information for a law enforcement purpose to a law enforcement official if a condition of this form is met. (Check as applicable).

### **I. REQUIRED BY LAW**

The requested information is required by statute:

- ☐ § 316.1932, F.S. Breath, blood, and urine tests for alcohol, chemical substances, or controlled substances; implied
- ☐ § 316.193, F.S. Blood test for impairment or intoxication in cases of death or serious bodily injury
- ☐ § 790.24, F.S. Report of medical treatment of certain wounds
- ☐ Other \_\_\_\_\_

**Code of Federal Regulations, Volume 45, Section 164.512(f)(1)**

## II. IDENTIFICATION AND LOCATION PURPOSES

The requested information is needed to identify or locate a:

- ☐ Suspect
- ☐ Fugitive
- ☐ Material Witness
- ☐ Missing Person

Only the following information may be released under this section: (A) Name and address; (B) Place of birth; (C) Social security number; (D) ABO blood type and rh factor; (E) type of injury; (F) Date and time of treatment; (G) Date and time of death, if applicable; (H) A description of distinguishing physical characteristics, including height, weight, gender, race, hair and eye color, presence or absence of facial hair (beard or moustache), scars, and tattoos.

**Code of Federal Regulations, Volume 45, Section 164.512(f)(2)**

## II. VICTIM OF A CRIME

This is an official request for health information about an individual who is or suspected to be a victim of a crime. Information may only be released if:

- ☐ The individual agrees to the disclosure.
- ☐ The covered entity is unable to obtain the individual's agreement because of incapacity or other emergency circumstances, provided that:
  - (1) The law enforcement official represents that such information is needed to determine whether a violation of law by a person other than the victim has occurred, and such information is not intended to be used against the victim; and
  - (2) The law enforcement official represents that immediate law enforcement activity that depends on the disclosure would be materially and adversely affected by waiting until the individual is able to agree to the disclosure; and
  - (3) The disclosure is in the best interests of the individual as determined by the covered entity, in the exercise of professional judgment.

**Code of Federal Regulations, Volume 45, Section 164.512(f)(3)**

## III. DECEDENT

- ☐ A medical facility may disclose health information about an individual who has died for the purpose of alerting law enforcement of the death of the individual if the family has a suspicion that such death may have resulted from criminal conduct.

**Code of Federal Regulation, Volume 45, Section 164.512(f)(4)**

## IV. NOTIFICATION OF NEXT OF KIN

- ☐ A covered entity may use or disclose protected health information to notify, or assist in the notification of (including identifying or locating), a family member, a personal representative of the individual, or another person responsible for the care of the individual or the individual's location, general condition, or death.

**Code of Federal Regulations, Volume 45, Section 164.510(b)(1)(ii)**

\_\_\_\_\_  
Name/Title

\_\_\_\_\_  
Signature/Date